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BIB DATA SHEET

CONFIRMATION NO. 4989

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/582,856	06/14/2006 RULE	546	1625	21592YP

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** CONTINUING DATA *****

This application is a 371 of PCT/US04/42173 12/15/2004
 which claims benefit of 60/531,423 12/19/2003

** FOREIGN APPLICATIONS *****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 03/14/2007

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance 2nd	PA	0	18
Verified and /ZINNA NORTHINGTON DAVIS/ Acknowledged _____	Examiner's Signature _____	Initials _____			1

ADDRESS

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TITLE

Phenylamide and pyridylamide beta-secretase inhibitors for the treatment of alzheimer's disease

FILING FEE RECEIVED 550	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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